



IFW

Attorney Docket No

L29-6224NP

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) Isador H. Lieberman Confirmation No.: 7997  
Application No.: 10/743,568 Examiner: Alvin J. Grant  
Filing Date: December 22, 2003 Group Art Unit: 3723  
Title: APPARATUS FOR REMOVING A CORK FROM A BOTTLE

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an AMENDMENT for the above-identified application.

STATUS

Applicant is

A small entity.  
 Other than a small entity.

---

CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10\*  
(Express Mail certification is optional.)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box, Alexandria, VA 22313-1450**

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office Addressed to: **Commissioner for Patents, P.O. Box, Alexandria, VA 22313-1450**

Date of Deposit April 12, 2005

Express Mailing Label No.: \_\_\_\_\_ - Mandatory

Typed Name: Lisa D. Jones

Signature

FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at (703) \_\_\_\_\_

\*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

**CLAIMS AS AMENDED**

FOR	(1) *CLAIMS REMAINING AFTER AMENDMENT	(2) **HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
				RATE	Fee	RATE	Fee	
<b>TOTAL CLAIMS</b>	<b>11</b>	<b>MINUS</b>	<b>21</b>	<b>0</b>	<b>X \$ 25.00</b>	<b>0.00</b>	<b>X \$ 50.00</b>	
<b>INDEP. CLAIMS</b>	<b>01</b>	<b>MINUS</b>	<b>03</b>	<b>0</b>	<b>X \$100.00</b>	<b>0.00</b>	<b>X \$200.00</b>	
[ ] First Presentation of a Multiple Dependent Claim				<b>\$180.00</b>	<b>0.00</b>	<b>\$360.00</b>		
				<b>SUBTOTAL OF ADDITIONAL FEES</b>	<b>0.00</b>			<b>0.00</b>
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.  ** If the "Highest No. Previously Paid For" <i>in this space</i> is less than 20, enter "20".  *** If the "Highest No. Previously Paid For" <i>in this space</i> is less than 3, enter "3".  The "Highest No. Previously Paid For" (<i>Total / Independent</i>) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed.  <b>WARNING</b> "After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a)(emphasis added).</p>								
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136  (FEES: 37 C.F.R. §1.17 (1) – (4) for the total number of months checked below:</p>								
EXTENSION	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH				
Large Entity	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$1,020.00	<input type="checkbox"/> \$1,590.00	\$60.00			
Small Entity	<input checked="" type="checkbox"/> 60.00	<input type="checkbox"/> 225.00	<input type="checkbox"/> 510.00	<input type="checkbox"/> 795.00				
<p>[ ] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[ ] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>		
						<b>\$60.00</b>		

**FEE PAYMENT**

- Attached is a  check  money order in the amount of **\$60.00**
- Authorization is hereby made to charge the amount of **\$ 0.00**
  - to Deposit Account No. **20-0090**.
  - to Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should not be included on this form as it may become public.
- Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.  
A duplicate of this paper is attached.

**FEE DEFICIENCY**

- If any additional extension and/or fee is required, charge Deposit Account No. **20-0090**.

**AND/OR**

- If any additional fee for claims is required, charge Deposit Account No. **20-0090**.



Signature Of Attorney

Date: **April 12, 2005**

Customer No.: **26,294**

Reg. No.: **40,871**

**RICHARD S. WESORICK**  
**TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**  
526 Superior Avenue – Suite 1111  
Cleveland, OH 44114-1400  
Tel. No.:(216) 621-2234